

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-016010

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

2391

FILED MAY 6 1963

1. PLACE OF DEATH
a. COUNTY

Jackson.

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas City

Length of stay in 1b

16 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St Joseph

Inside Limits

Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)
a. STATE MO b. COUNTY Platte

c. CITY OR TOWN Kansas City 51 MO

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS R-23 Bx 74

Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Thelma Irene Eckert

4. DATE OF DEATH

April 21

Month Day

Year 1963

5. SEX

Female

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

4/12/1900 63

9. AGE (last birthday)

63

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during past 12 months (if deceased))

Accountant

10b. KIND OF BUSINESS OR INDUSTRY

General

11. BIRTHPLACE (City and state or country)

West Union Iowa

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Wm. Tope

13b. MOTHER'S MAIDEN NAME

Elizabeth Belshack

14. NAME OF HUSBAND OR WIFE

John Eckert

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give dates of service)

No

16. SOCIAL SECURITY NO.

53 John Boar R23 Bx 72 KC 51 MO

17. INFORMANT Address

53 John Boar R23 Bx 72 KC 51 MO

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Uremia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Ureteral transplantation & cystectomy

DUE TO (c)

Carcinoma of bladder

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

I attended the deceased from Nov 1962 to Apr 21, 1963 last saw her alive on Apr 21, 1963

Death occurred at 11:40 A m on the date stated above, and to the best of my knowledge, from the causes stated.

21. SIGNATURE

(Name or title)

22b. ADDRESS

1103 Grand Ave, K.C. 6 MO

22c. DATE SIGNED

Apr 23 63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

April 25 63 East Slope

23c. NAME OF CEMETERY OR CREMATORY

Parkville

23d. LOCATION (City, town, or county) (State)

MO

24. FUNERAL DIRECTOR

ADDRESS

Leland H. Francis Parkville

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

J. J. WOOD, JR. MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1

2 09-38 X 8

3

4 1

5 2

6

7 1

8 1

9 181.0

10

11

12 65-0

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signature

Leland H. Francis

Licensed Embalmer No. 3451

P. O. Address

Parkville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.